| | Application No. | Applicant(s) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Notice of Allowability | 09/744,641 | PIGNOT ET AL. |
| | Examiner | Art Unit |
| | Patrick T. Lewis | 1623 |
| The MAILING DATE of this communication applied to the series of the communication applied to the com | (OR REMAINS) CLOSED in or other appropriate communication is sufficient in sufficiency. | this application. If not included |
| 1. This communication is responsive to <u>RCE filed August 31, 2004.</u> | | |
| 2. The allowed claim(s) is/are 1 and 44-91. | | |
| 3. The drawings filed on 26 January 2001 are accepted by the Examiner. | | |
| 4. Acknowledgment is made of a claim for foreign priority una) All b) Some* c) None of the: 1. Certified copies of the priority documents have 2. Certified copies of the priority documents have 3. Copies of the certified copies of the priority do International Bureau (PCT Rule 17.2(a)). * Certified copies not received: | e been received. e been received in Application | No |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONN THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. | of this communication to file a IENT of this application. | a reply complying with the requirements |
| 5. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient. | | |
| CORRECTED DRAWINGS (as "replacement sheets") must (a) ☐ including changes required by the Notice of Draftspers 1) ☐ hereto or 2) ☐ to Paper No./Mail Date (b) ☐ including changes required by the attached Examiner's Paper No./Mail Date Identifying indicia such as the application number (see 37 CFR 1) | con's Patent Drawing Review . s Amendment / Comment or in | n the Office action of |
| each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d). | | |
| 7. DEPOSIT OF and/or INFORMATION about the deposit attached Examiner's comment regarding REQUIREMENT | SIT OF BIOLOGICAL MATER | RIAL must be submitted. Note the OGICAL MATERIAL. |
| Attachment(s) 1. ☐ Notice of References Cited (PTO-892) 2. ☐ Notice of Draftperson's Patent Drawing Review (PTO-948) | 5. ☐ Notice of Info 6. ☐ Interview Sun | rmal Patent Application (PTO-152) |
| | Paper No./M | ail Date |
| 3. ☑ Information Disclosure Statements (PTO-1449 or PTO/SB/0 Paper No./Mail Date 08312004 | | mendment/Comment |
| Examiner's Comment Regarding Requirement for Deposit of Biological Material | 8. | tatement of Reasons for Allowance |
| · Dibiogical Material | 9. [] Outer | SUFERVIOLEN PARETTE CONTROLLED TO THE SUFERVIOLENCE OF THE SUFERVIOLE OF THE SUFERVIOLENCE OF THE SUFERVIOLE |
| | | Xelius / Wa |